


2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 852036		
1. Entity Name MARQUETTE NATIONAL LIFE INSURANCE COMPANY		

Principal Place of Business 1001 HEATHROW PARK LANE SUITE 5001 LAKE MARY, FL 32746 US	Mailing Address P.O. BOX 958465 LAKE MARY, FL 32795-8465
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

FILED
07 SEP 17 PM 1:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



07092007 Chg-P CR2E034 (12/06)

4. FEI Number 36-2641398		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent CHIEF FINANCIAL OFFICER P O BOX 6200 (32314-6200) 200 E. GAINES ST TALLAHASSEE, FL 32399-0000		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$550.00
Due by September 14, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DPC BRYANT, GARY W 1001 HEATHROW PARK LANE SUITE 5001 LAKE MARY, FL 32746 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	DS Steven T. Najjar <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 1001 Heathrow Park Ln #5001 Lake Mary FL 32746
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DSVT GRAY, DONALD <input checked="" type="checkbox"/> Delete 1001 HEATHROW PARK LANE SUITE 5001 LAKE MARY, FL 32746	TITLE NAME STREET ADDRESS CITY - ST - ZIP	DT DSVT John M. Squaric <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 1001 Heathrow Park Ln #5001 Lake Mary FL 32746
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DEVP WAEGELEIN, ROBERT A <input type="checkbox"/> Delete 6 INTERNATIONAL DR, STE 190 RYE BROOK, NY 10573	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP COCHRANE, CARL L <input type="checkbox"/> Delete 1001 HEATHROW PARK LANE SUITE 5001 LAKE MARY, FL 32746	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DC BARASCH, RICHARD A <input type="checkbox"/> Delete 6 INTERNATIONAL DRIVE SUITE 190 RYE BROOK, NY 10573	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	AS <input checked="" type="checkbox"/> Delete BAKER, JANICE 1001 HEATHROW PARK LANE SUITE 5001 LAKE MARY, FL 32746	TITLE NAME STREET ADDRESS CITY - ST - ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ **Exec VP, COO & Secretary**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #